

Form Number 1

STATE OF INDIANA) IN THE _____ COURT
) SS:
COUNTY OF _____) CASE NO. _____

IN RE THE NAME CHANGE OF:)
)
_____)
Petitioner.)

APPEARANCE

1. Petitioner: _____
2. Attorney Information: Self-Represented
3. Case Type : MI
4. Will **NOT** accept FAX service.
5. Names and Social Security numbers of all family members: N/A
6. Are there related cases? Yes ___ No ___
Case Number(s): _____

Signature

Print your name

Mailing Address

Town, State and Zip Code

Telephone number, with area code